

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/11/2013
FORM APPROVED
OMB NO. 0938-0391

45th 5/25/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445382	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/08/2013
NAME OF PROVIDER OR SUPPLIER PIGEON FORGE CARE & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 415 COLE DRIVE PIGEON FORGE, TN 37863		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE TAKEN TO THE APPROPRIATE	(X5) COMPLETION DATE	
K 056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation; the facility failed to maintain all sprinkler system components.</p> <p>The findings include:</p> <p>Observation on April 8, 2013 at 2:00 p.m. revealed mixed sprinkler heads of standard response and quick response. Corridors of Zone 1, Zone 2, and Zone 3 have quick response sprinkler heads installed with standard response sprinkler heads within the same compartment of each other.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 8, 2013.</p>	K 056	<p>What corrective action will be accomplished for residents found to be affected by deficient practice?</p> <p>On 4-25-13, Century Fire Protection Company came to facility to review sprinkler heads and make any necessary change-outs to existing heads. Upon inspection by Century, it was determined that even though the heads have a different diameter circumference, that they are still both standard response heads within the same compartments. See Attachment labeled K56.</p> <p>How will identify other residents having potential to be affected by same deficient practice</p> <p>If circumstance arises where sprinkler heads must be changed out, Maintenance director will ensure that contractor/Century Fire installs the same type of head within the same compartments. All residents have potential to be affected if equipment doesn't match up appropriately.</p> <p>What measures put into place or what systemic changes will you make to ensure deficient practice doesn't recur?</p> <p>All plant ops staff inserviced related to sprinkler heads and the requirement that all heads within same compartment match up as being same type. It turns out that our sprinkler heads were already okay and were all standard response, even though the diameter measurements are different on some of them.</p> <p>How will corrective action be monitored?</p> <p>The Performance Improvement committee (Administrator, DON, ADON's, SSD, Dietary Mgr, Maint Director, Env Services Director, Medical Director, Business Office Manager, HR Director, Chaplain, and Admissions Director) will review maintenance reports related to repairs and/or installations of fire protection equipment to ensure that the equipment is per code and regulation. Any concerns will be addressed immediately for appropriate action.</p>	5/10/13	
K 067 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply</p>				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kurti Boyer

TITLE

Administrator

(X8) DATE

4-26-13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445382	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/08/2013
NAME OF PROVIDER OR SUPPLIER PIGEON FORGE CARE & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 415 COLE DRIVE PIGEON FORGE, TN 37863		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 067	<p>Continued From page 1</p> <p>with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to maintain the Heating, Ventilating, and Air Conditioning.</p> <p>The findings include:</p> <p>Interview and record review on April 8, 2013 at 11:30 a.m. revealed that fire dampers have not had their 4-year maintenance performed.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 8, 2013.</p>	K 067	<p>What corrective action will be accomplished for residents found to be affected by deficient practice?</p> <p>All fire dampers had appropriate maintenance performed on them the week of April 15-19, 2013. Regional maintenance supervisor personally conducted or supervised the work being done.</p> <p>How will identify other residents having potential to be affected by same deficient practice</p> <p>All residents have potential to be affected by deficient practice. Therefore, work was accomplished quickly as referenced above.</p> <p>What measures put into place or what systemic changes will you make to ensure deficient practice doesn't recur?</p> <p>Will add fire damper maintenance onto routine schedule for maintenance. This will include adding the schedule into the electronic TELS system that sends reminders and updates to plant operations director and Administrator related to necessary preventive maintenance work that is due or almost due.</p> <p>How will corrective action be monitored?</p> <p>TELS system will be monitored by Administrator and Plant ops Director to ensure continued compliance. Any overdue items will be addressed immediately and the Performance Improvement committee (Administrator, DON, ADON's, SSD, Dietary Mgr, Maint Director, Env Services Director, Medical Director, Business Office Manager, HR Director, Chaplain, and Admissions Director) will review the preventive maintenance logs/TELS system for any concerns and appropriate recommendations made for corrective action. This review will take place at least on a quarterly basis.</p>	5/10/13	